

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/09/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97265, 99213, 97014, 97012, 97250, 97122, 97035, 97039, 99214 and E0745 for dates of service 05/10/02 through 01/13/03.

II. FINDINGS

The requestor faxed a new Table of Disputed Services on 02/24/04. The dates of service 5/24/02 for CPT codes 99213, 97014, 97102, 97250; 07/10/02 for CPT codes 97250, 97265, 97122, 97112; 08/26/02 for CPT code 99213 and 12/20/02 for CPT code 99214, have been paid per the EOBs submitted by the carrier and will not be reviewed.

III. RATIONALE

The dates of service 05/10/02 through 07/15/02 for CPT code 97265 was denied as "G90-Included in Global fee. The value of this service is included in the value of another service billed on the same date. O-Upon review of your request for reconsideration, no additional benefit is recommended at this time. F3-Service/Supplies have not been adequately identified/quantified. S53-Supplemental. Upon final audit, additional benefit is recommended for the billed services."

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
05/10/02 05/17/02 05/21/02 05/23/02 05/24/02 05/30/02 06/07/02 06/10/02 06/14/02 06/17/02 06/21/02 06/25/02 06/27/02 07/01/02 07/08/02 07/15/02	97265	\$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	G-90 G-90 G-90 G-90 G-90 G-90 G-90 G-90 G-90 G-90 G-90 G-90 G-90 G-90 G-90 G-90	\$43.00	MFG MGR (IV) 133.307 (g)(3)	The MFG MGR does not indicate CPT code 97265 is global to any of the other services provided for on these same dates of service. Therefore, reimbursement is recommended in the amount of \$688.00 . (\$43.00 x 16 DOS = \$688.00)
05/30/02	L0500	\$120.00	\$49.95	S53	DOP	133.307 (g)(3) MFG DME (IV)	The requestor did not submit relevant information that supports their fair and reasonable rate of reimbursement per the MFG. DOP is required when there is no MAR listed for DME. Therefore, additional reimbursement is not recommended.

05/30/02	E0745	\$150.00	\$0.00	O	DOP	133.307 (g)(3) MFG DME (IV)	The requestor did not submit relevant information that supports their fair and reasonable rate of reimbursement per the MFG. DOP is required when there is no MAR listed for DME. Therefore, additional reimbursement is not recommended.
08/01/02	99213	\$48.00	\$0.00	R	\$48.00	MFG E/M (IV)(C) 133.307 (g)(3)	Compensability issues have been resolved per BRCs held on 07/23/02 and 11/14/02. Therefore, reimbursement is recommended in the amount of \$48.00 .
08/01/02	97014	\$15.00	\$0.00	R	\$15.00 each 15 minutes	MFG MGR (I)(A)(1-5, 8) 133.307 (g)(3)	Compensability issues have been resolved per BRCs held on 07/23/02 and 11/14/02. Therefore, reimbursement is recommended in the amount of \$15.00 .
08/01/02	97250	\$43.00	\$0.00	R	\$43.00 one or more regions	MFG MGR (I)(A)(1-5, 8) 133.307 (g)(3)	Compensability issues have been resolved per BRCs held on 07/23/02 and 11/14/02. Therefore, reimbursement is recommended in the amount of \$43.00 .
08/01/02	97112	\$70.00	\$0.00	R	\$35.00 each 15 minutes	MFG MGR (I)(A)(1-5, 8) 133.307 (g)(3)	Compensability issues have been resolved per BRCs held on 07/23/02 and 11/14/02. Therefore, reimbursement is recommended in the amount of \$70.00 . (\$35.00 x 2)
08/01/02	97035	\$22.00	\$0.00	R	\$22.00 each 15 minutes	MFG MGR (I)(A)(1-5, 8) 133.307 (g)(3)	Compensability issues have been resolved per BRCs held on 07/23/02 and 11/14/02. Therefore, reimbursement is recommended in the amount of \$22.00 .
08/02/02 08/30/02	97039	\$50.00 \$50.00	\$0.00 \$0.00	F3 F3	DOP	MFG MGR (I)(A)(9)(iii)	Documentation does not support constant attendance by the doctor or HCP, nor does it specify the time. Therefore, reimbursement is not recommended.
09/11/02	99213	\$48.00	\$0.00	G	\$48.00	MFG MGR (I)(B)	Requestor billed for a manipulation for the date of service in dispute, along with an office visit. The carrier denied services as global without indicating what it is global to. Therefore, based on this information reimbursement is recommended in the amount of \$48.00 .
01/13/03	99214	\$71.00	\$0.00	No EOB	\$71.00	MFG E/M (IV)(C) 133.307 (g)(3)	Relevant information submitted supports the delivery of services per the MFG and reimbursement is recommended in the amount of \$71.00 .
Totals		\$1,375.00	\$49.95				The Requestor is entitled to additional reimbursement in the amount of \$1,005.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97265, E0745, 99213, 97014, 97250, 97112, 97035 and 99214. Pursuant to Sections 402.042, 413.016, 413.031, and

413.019 the Division hereby ORDERS the Respondent to remit **\$1,005.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 6th day of April 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division
MB/mb